

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21071

State File No. _____

Registration District No. 1061

Primary Registration District No. 5385

Registrar's No. 7

1. PLACE OF DEATH:

- (a) County DOUGLAS
(b) City or town MILPIT TWP. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3.5 yrs years, months or days

3. (a) PRINT FULL NAME Charles Douglas Chesley

3. (b) If veteran, name was NON P 3. (c) Social Security No. NON P

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, Divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 26 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 1 If less than one day hr. _____ min. _____

9. Birthplace PAW PAW (City, town, or country) ILLINOIS (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name LORENZO Chesley
13. Birthplace NOT KNOWN (City, town, or country) (State or foreign country)
14. Maiden name MARY BUTTER FIELD
15. Birthplace NOT KNOWN (City, town, or country) (State or foreign country)

16. (a) Informant Chas A. Aborn

- (b) Address MANSEFIELD MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

- (c) Place: burial or cremation PRATER Hollow (cm.)

18. (a) Signature of funeral director G. A. Bluffe

- (b) Address MANSEFIELD MO

19. (a) 6-10-42 (Date received local registrar) (b) Thelma B. Waters (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County DOUGLAS

- (c) City or town MILPIT TWP. - RURAL (If outside city or town limit, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 6 minute 5 P M.

21. I hereby certify that I attended the deceased from Jan 1st 1942 to April 27 1942 that I last saw him alive on April 27 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular Renal Disease Duration 2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/0

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Zimmerman (M. D. or other) Da
Address Mansefield Mo Date signed 6-10-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3221

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.